

HOOPA DEVELOPMENT FUND P.O. BOX 1307 HOOPA, CA 95546 (530) 625-5565 (530) 625-5181 FAX				<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> SHORT TERM CREDIT APPLICATION </div>				OFFICE USE ONLY <div style="text-align: right;">\$10.00 APP FEE PAID- YES NO</div>			
<small>IMPORTANT: PLEASE READ DIRECTIONS BEFORE COMPLETING APPLICATION. SHORT TERM APPLICATIONS ARE FOR LOANS RANGING FROM \$300. TO \$2,000. A \$10.00 application fee will be charged to process your loan application. You must pay the \$10.00 fee upon returning your application. The fee must be paid before we can process your application. Please print or type your answers. Provide all information requested. If you need more space to answer any questions or wish to elaborate, provide this information on a supplemental sheet of paper. The Hoopa Development Fund-Credit Division staff is relying on the information provided. Incomplete answers or Misrepresentation of information will jeopardize your ability to receive a loan, or maybe grounds for defaulting you on a loan should you receive it. All applicants must complete the application to the best of their knowledge. Upon returning the application, all applicants must submit income verification (current check stub, bank/SSI statement, etc).</small>											
AMOUNT, PAYMENT SCHEDULE AND PURPOSE <u>INCOMPLETE APPLICATIONS WILL DELAY THE LOAN PROCESS</u>											
Requested Loan Amount: \$ _____ Payment Schedule Desired: <input type="checkbox"/> Payroll <input type="checkbox"/> Automatic <input type="checkbox"/> Personal <input type="checkbox"/> Deduction <input type="checkbox"/> Transaction <input type="checkbox"/> Payment Please check one											
Reason for Loan Request: <input type="checkbox"/> Debt <input type="checkbox"/> Personal <input type="checkbox"/> Other: _____ <input type="checkbox"/> Consolidation <input type="checkbox"/> _____ Please check one											
<div style="display: flex; justify-content: space-between;"> <div> Applicant Name (Last-First-Initial) _____ Mother's maiden name _____ </div> <div> Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse Name (Last-First-Initial) _____ Mother's maiden name _____ </div> </div>											
Social Security Number		Birth Date		# of Dependents	Roll #	Social Security Number		Birth Date		# of Dependents	Roll#
_____		____		_____	_____	_____		____		_____	_____
Tribe: _____						Tribe: _____					
Address (P.O. Box/Street/Apt.-City, ST Zip)						Address (P.O. Box/Street/Apt.-City, ST Zip)					
Home Phone		Business Phone		Ext.		Home Phone		Business Phone		Ext.	
()		()				()		()			
Employer						Employer					
Employer's Address						Employer's Address					
Title		Start Date/Year		Hours at work		Title		Start Date/Year		Hours at work	
<div style="text-align: center;">INCOME</div> <div style="text-align: center;"><u>YEARLY</u></div> <div style="margin-top: 20px;"> Salary \$ _____ </div> <div style="margin-top: 20px;"> Per-Capita \$ _____ </div> <div style="margin-top: 20px;"> Other: _____ \$ _____ Please specify </div> <div style="margin-top: 20px;"> TOTAL ANNUAL INCOME \$ _____ </div> <hr style="border-top: 1px dashed black;"/> <div style="margin-top: 20px;"> Total Monthly Income \$ _____ </div> <div style="margin-top: 20px;"> Is your income likely to decline within the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO </div>											

